

FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD						Page of		
1. APPLICANT		2. PA ID		3. PW #		4. DISASTER NUMBER		
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT indicate size, capacity, horsepower, make and model as appropriate	DATES AND HOURS USED	RATES PER HOUR		TOTAL COST	VENDOR	INVOICE NUMBER	DATE AND AMOUNT PAID	CHECK NUMBER
		WITH OPR	W/OUT OPR					
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
GRAND TOTAL							\$	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED			TITLE			DATE		